

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

## INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

- Willer Tribut BC/ Tr E.				ol Day at 11:01 am, Jun 12, 2015
Complete this report at the time				
days). Complete this report whenever				
into service. Retain the original	NAME OF AGENCY	nin 15 days to the	DATE OF INSPECTION	
12683	SLMPD		05/27/2015	ı
LOCATION OF INSTRUMENT (STREET AND CIT	· I		1 ' '	
· ·	r,		TIME OF INSPECTION	l .
5120 CLAYTON RD ST LOUIS			17:24 CDT	
CHECKLIST: Place a mark in the box				
established limits. (Write in obserbefore using instrument.	erved values where d	etermined). Unmar	ked items must be	corrected
X DIAGNOSTIC RECORD	- 0.000 to			
X BLANK CHECK		х со2 снеск		
X FC 1 TEMP		X FLOW CHECK		
X SRC TEMP		X FCB CHECK		
X DET TEMP		X CRC COMP CHE	CK	
X BT TEMP		X CRC CAL CHEC	K	
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK		A		
BREATH ANALYZER ACCURACY STAND			· · · · · · · · · · · · · · · · · · ·	
	AKDS			
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG400603	EXP.	DATE 01/06/2016
SIMULATOR TEMP (34°C ±0.2°C)	SIMUL	ATOR S/N	SIMULATOR EXP	DATE
X CALIBRATION CHECK - (ONLY ON Run three tests using a standard must have a spread of .0 used. (PRINTOUT ATTACHED)  0.10% STANDARD - MUST READ 0.04% STANDARD - MUST READ	dard solution. A 05 or less. Mark BETWEEN 0.095% A BETWEEN 0.076% A	ll three tests mu the box correspo ND 0.105% INCLUSI ND 0.084% INCLUSI	est be within ±5 onding to the sta EVE	
TEST 1 0.080 g/210L	TEST 2 🤏 0.080	g/210L	TEST 3 7 0.08	0 g/210L
INDICATE THE NUMBER OF BREATH 7				
INDICATE THE NOMBER OF BREATH	resis in the tonno	ONIS SAUMA DNIM	MIRM ICAU SAI S.	IBNANCE REPORT!
REFUSALS 2 004 1	.0509 1	.1014 2	.1519 0	OVER .19 2
LIST ANY NEW PARTS AND DESCRIBE ANY ALT				
SATISFACTORILY AND WITHIN ESTABLISHED L.			JOHN IND TAUTOMENT	TO OLEMAN
INSPECTING OFFICER				
SIGNATURE /		PRINT FULL NAME		
NO MID CULKIN		CHRISTIAN, SC	OTT	
TYPE II PERMIT NUMBER/ EXPIRA	TION DATE	TELEPHONE NUMBER		
230260 / 11/2	6/2015	(314)444-5345		
DETILON COMPLETED DEPONE				
RETURN COMPLETED REPORT TO			<b>a</b> 1 - ·	
Breath Alcohol Program, Miss	_			:S,
Southeast District Office, 2	875 James Blvd,	Poplar Bluff,	MO 63901	



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## **Certificate of Analysis**

Customer Name Intoximeters, Inc. 2081 Craig Road

St. Louis, Mo 63146

Test Date: 6-Jan-2014

Lot # AG400603

Exp. Date

Cyl. Type 108 Component

Certified Concentration 0.080 ± 0.002 BrAC (218 ppm)

6-Jan-2016

Ethanol Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No. EB0010581 EB0010570 EB0010285 EB0010561	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52,22 ppm	<u>Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<u>Concentration</u> 392.5 ppm 258.9 ppm 208.9 ppm 104.9 ppm 52.94 ppm
EB0010681	oz,zz ppm	<b></b> •	

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date: 2014.01.06 14:54:15 -06:00 Reason: Dry gas standard certification of analysis Location: Afrgas USA LLC (Lab)

Analyst:

Norl Marsola Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01





DEPARTMENT OF HEALTH AND SENIOR SERVICES
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## PERMIT





DATAMASTER, INTOX EC/IR II

NUMBER 230260  DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  STATE PUBLIC HEALTH LABORATORY  STATE PUBLIC HEALTH LABORATORY	acting director	EXPIRES 11/20/2015
13	ALIENX CHURKANI	
13	2,0 C.(.O.	NUMBER 230200
11/26/2013	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	220260
	No. 22	İ

